

Form - I

OPTION TO AVAIL BENEFITS IN CASE OF IN-SERVICE DEATH OF EMPLOYEE

PART-A

(To be filled in by employee)

1. I,....., hereby exercise option that in the event of my death during service, benefits under the OCS (Pension) Rules, 1992 may be paid to my family.

OR

2. I,....., hereby exercise option that in the event of my death during service, benefits may be paid to my family based on the accumulated pension corpus in the Individual Pension Account under the National Pension System in accordance with the Pension Fund Regulatory and Development Authority (Exits and Withdrawals under National Pension System) Regulations, 2015.

This option supersedes any other option made by me earlier.

*If Option-1 is exercised, then details on family in Form-D shall be attached along with Form-I.

Signature of Employee

Name-----
Designation-----
Office in which employed-----
Mobile No. -----

Place and date: -----

PART-B

(To be filled in by the Head of Office)

Received the option dated.....made by Shri/Smt./Kumari,
Designation.....Office.....Entry of receipt of option has been made
in page.....Volume of Service Book. His /her HRMS ID is and PRAN
is

Signature,

Name and Designation of Head of Office

Date of receipt.....

The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the employee who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his death.